



County of Los Angeles Department of Mental Health (LACDMH)

Consumer Perception Surveys

Fall 2016

MHSIP Survey Training



Purpose of Performance Outcomes Survey



- LACDMH conducts the Mental Health Statistical Improvement Project (MHSIP) Survey in order to grant consumers and family members the **opportunity to provide input/feedback on services** for Quality Improvement purposes.
- The MHSIP is a **requirement of the Substance Abuse and Mental Health Services Administration (SAMHSA)** Community Mental Health Services Block Grant (MHBG).
- Requirement of California W&I Code Sections 5600 - 5623.5 (Bronzan-McCorquodale Act).

SAMHSA

Community Mental Health Services Federal Block Grant

Fiscal Year: 2015 - 2016



- California's Share - **\$63 Million**
- County of Los Angeles's Share - **\$15 Million**
- Funding would be put at risk for noncompliance with collecting data for Consumer Perception MHSIP Surveys.

MHSIP Data Collection

Fall 2016



- A Mental Health & Substance Use Disorder Services **(MHSUDS) Information Notice will be issued** informing the counties of the survey period.
- Short Doyle / Medi-Cal providers have already been **randomly selected to participate** based on Service Area (SA), Directly Operated vs. Contracted Clinics, and the age group oversampling of older adults.
- Providers not randomly selected can participate if they choose to do so. However, SA QIC liaisons should **separate these surveys from the randomly selected** provider surveys.
- LA County is not requiring Adult and Older Adult Survey Forms to include Quality of Life scales.

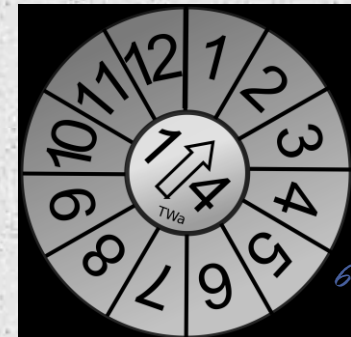


Service Area Survey Training & Distribution


- Service Area Survey Trainings began **in October 2016**.
- SA QIC Liaisons have been provided with the names of randomly selected Short Doyle / Medi-Cal Providers.
- Prior to **November 14, 2016, SA Liaisons will distribute** survey forms to the selected Outpatient Clinics.
- PDF survey forms will be available on the Program Support Bureau (PSB) – QI website at:
http://psbqi.dmh.lacounty.gov/Survey_Fall_2016.htm
- Please **DO NOT use survey forms from previous** survey periods.

Survey Time Period

- **The official survey dates are November 14 - 18.** Surveys SHOULD NOT be distributed to nor completed by consumers or family members outside the official survey period.
- The last day to return surveys and Tally Sheets to the QI Division is **December 2, 2016**. Please get them to your liaison before that time or drop them off directly at the QI Division.



Tally Sheets



A small white card with handwritten tally marks. The first three rows each contain six groups of three vertical lines (IIII). The fourth row contains two groups of three vertical lines followed by two single vertical lines (II). A yellow pencil with a silver eraser and a sharpened lead tip lies horizontally below the card.

- Each SA Chair must complete a SA wide tally sheet for:
 1. Completed MHSIP Survey Forms
 2. Refused MHSIP Survey Forms
- The tally sheets will **indicate the number and language of MHSIP Survey forms** that were collected from each SA.

Returning Surveys

SA Liaisons are asked to make arrangements in advance to return all surveys and tally sheets to a QID staff member by **December 2, 2016**.



QID Staff contacts are as follows:

Tonia Jones, RN, PhD

tamosjones@dmh.lacounty.gov

(213) 251-6736

LyNetta Shonibare, PsyD

lgore@dmh.lacounty.gov

(213) 251-6737



IMPORTANT!

Service Area Liaisons will **return Surveys and Tally sheets by Friday, December 2, 2016** to:

**Program Support Bureau
Quality Improvement
Division**

**695 South Vermont Street
5th Floor - Suite 500
Los Angeles, CA 90005**



Transporting Completed MHSIP Survey Forms

All safeguards must be taken to ensure the security of the survey **Protected Health Information** (PHI). When transporting the completed surveys: **“travel strictly from Point A to Point B with no stops prior to drop off,”** has been quoted as a practice advised by our HIPAA privacy officer. **Unauthorized access** when in the car during any stops on the way home overnight.

HIPAA Policy 500.21

Safeguards for PHI

“3.2 LACDMH will **implement appropriate administrative, technical and physical safeguards which will protect PHI** from any intentional, unintentional or incidental use or disclosure that is in violation of the Department’s Privacy Policies or the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This requirement applies to all types of PHI in any form, i.e., oral, paper or electronic.”



Important Survey Dates

November 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

FALL 2016

SURVEY PERIOD:
November 14th
– November
18th

Important Survey Dates

December 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FALL 2016
Return Surveys
to QID:
December 2nd, 2016

MHSIP Survey Instruments



- **ADULT MHSIP** (18-59 years old)
- **OLDER ADULT MHSIP** (60+ years old)
- **YOUTH SERVICES SURVEY** (YSS; 13-17 years old)
- **YOUTH SERVICES SURVEY FAMILY** (YSS-F)
 - Family members of Children & Youth between 0-17 years old



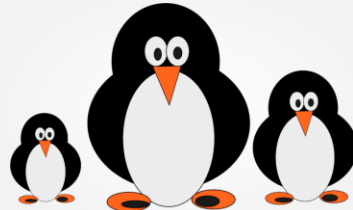
Youth Services Survey Family (YSS-F)

Children aged **12 and younger are not surveyed**; **Parents/Caregivers present at the time of the survey should complete the YSS-F survey form.**



YSS-F (continued)

- The YSS-F **can be completed by a child's or youth's primary caregiver**; any person who is not compensated for providing care (i.e., aunt, uncle, grandparent(s), cousin, or family friend).
- A **compensated caregiver, such as an employee of a group home, should not complete** the YSS-F survey form.



Billing is NOT allowed for surveys!



- Surveys **do not constitute the provision of medically necessary services.**
- The surveys are **not clinical** instruments.
- Surveys grant consumers and family members the **opportunity to provide input/feedback on services** for Quality Improvement purposes.



HIPAA & Confidentiality

💻 State Law (W&I CODE SEC. 5610) requires the collection of performance outcome data.

💻 HIPAA requirements for **authorizations from consumers DO NOT apply!**

💻 Rest of **Privacy Rules DO apply.**

Assurance of Confidentiality Statement

Every consumer participating is **provided with the “Assurance of Confidentiality”** statement below (English or Spanish, as needed):

“This is to assure you as a consumer receiving mental health services through the Los Angeles County Department of Mental Health that the consumer perception survey that you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because the Department will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative.

Thank you for your cooperation and help in improving our services to you. If you have any issues or concerns that are serious and sensitive, please discuss/report these concerns immediately to the program manager who will assist you!”

Consumer CONFIDENTIALITY

- The Consumer's **confidentiality must be respected and maintained** during the entire survey and reporting process.
- The information obtained is **confidential**.
- Consumer / Family **participation is voluntary**.
- **Survey forms will be destroyed** after they have been scanned and verified (approximately six months).



The Three (3) Comments Sections on the YSS & YSS-F Surveys

27. What has been the most helpful thing about the services you received over the last 6 months?

28. What would improve the services here?

29. Please provide comments here and / or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Please answer the following questions to let us know how you are doing

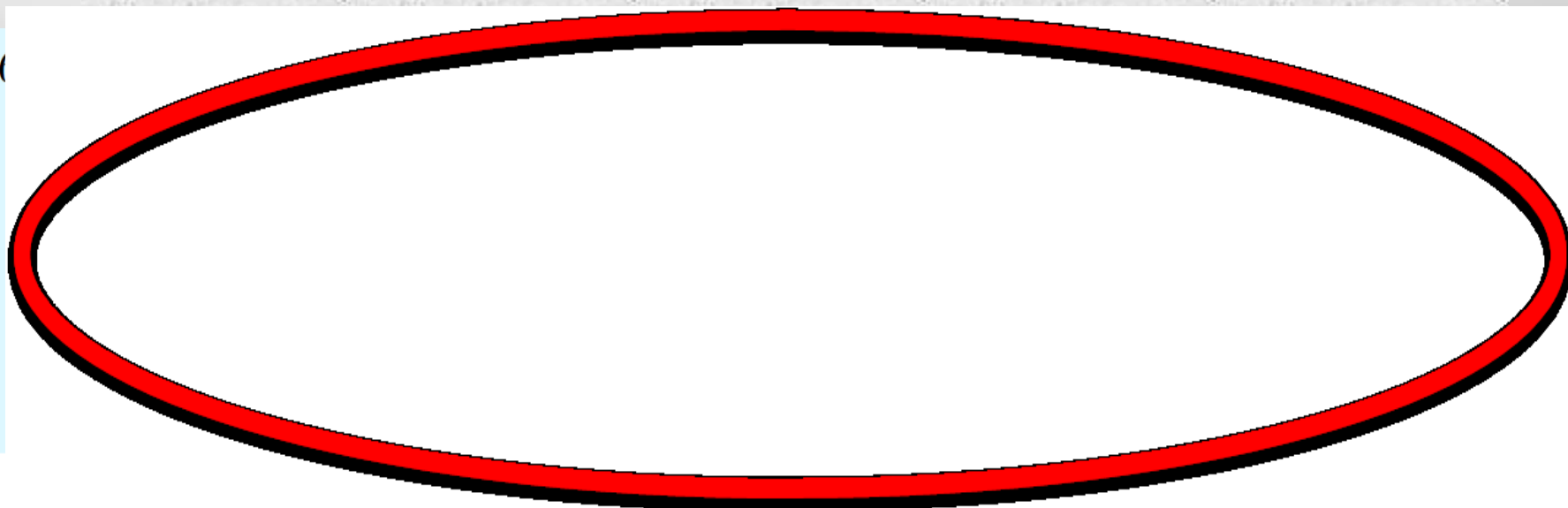
1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.)

☐ With one or both parents

☐ Homeless shelter

☐ State correctional facility

The Comment Section on the Adult and Older Adult Survey Forms



FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

--	--

Optional County Questions:

County Question # 1 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ₂₂

Data Collection is limited to Face-to-Face Clinic / Outpatient Services ONLY



- Surveys are conducted with consumers who receive Face-to-Face Outpatient Clinic Services.
- Examples of Settings (Not all inclusive):
 - Mental Health Services
 - Case Management
 - Medication Services
 - MHSA – FSP, FCCS, PEI, and ICP (if provided in the clinic)
 - Day Treatment
 - Wellness Centers

Data Collection Treatment Settings & Populations Not Included

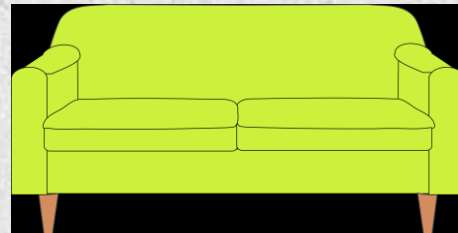


- ≠ Inpatient Settings
- ≠ Jail / Jail Hospital Settings
- ≠ PMRT (Crisis Stabilization) Psychiatric Emergency
- ≠ One-Time Psych Testing or Assessment
- ≠ No Face to Face Follow-up
- ≠ Residential or Institutional Placements
- ≠ Telephone Contact Only
- ≠ Case Consultation Only

Data Collection Funding Stream for Outpatient Clinics

IMPORTANT FAQ

- Surveys should be **administered to all consumers regardless of the funding stream** (i.e., Medi-Cal versus Indigent).
- Surveys should be **administered to ALL consumers visiting an outpatient clinic for outpatient services** during the survey period.



Survey Administration in Outpatient Clinics

- **Do not use clinical or service delivery staff** for survey administration.
- It is **permissible to use staff who do not provide direct clinical services** to the client.



Survey Administration in Outpatient Clinics (Continued)

The **use of volunteers / peers / consumers / family advocates** is recommended.



Completing Survey Forms

- MOST questions have only one applicable response.
- The question, “*What is your race?*” is an exception as this question may have multiple applicable responses.
- If a Consumer/Family Member fills in the responses on the form incorrectly, Providers may fill in accordingly.
 - **Changing the answers to questions is NOT allowed.**



Provider Number and Service Area Box

- Surveys are being **distributed annually with pre-printed Provider and Service Areas numbers.**
- For additional surveys printed from the website, **please enter the Provider Number and Service Area information.** The survey is available as a PDF fillable document.

County Client IS/PAT-ID (IBHIS)
Number MUST be on EVERY Page

The County Client (IS)/PAT-ID (IBHIS)
Number Must Be On EVERY Page

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics
Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

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CSI County Client Number

Must be entered on EVERY page

DHCS 1740 EN (05/13)

Page 1 of 4

34151



System (IS) (aka MHS) number

Example of Filling CSI (IS) on the Survey

Pages 1 and 2

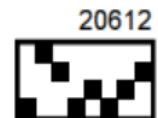
As a direct result of the services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



0	0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---

CSI County Client Number
 Must be entered on EVERY page

Page 2 of 4



For Office Use Only

1. Survey Date

2. County Code 19

3. Reason Code

4. Four Digit Provider Number

5. Provider Service Area

6. IS Number

Reason (if applicable):

☐ Ref ☐ Imp ☐ Lan ☐ Oth

Make sure the same CSI County Client Number is written on all pages of this survey.

--	--	--	--	--	--	--	--	--	--

CSI County Client Number

***Must be entered

☐ 08 ☐ 09 ☐ 10
☐ 18 ☐ 19 ☐ 20

☐ 08 ☐ 09 ☐ 10
☐ 18 ☐ 19 ☐ 20

☐ 08 ☐ 09 ☐ 10
☐ 18 ☐ 19 ☐ 20

49167



Example of Filling CSI (IS), SA and Provider Number on the Survey - Page 4

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

1	9
---	---

Date of Survey Administration:

1	1	-	1	4	-	2	0	1	6
---	---	---	---	---	---	---	---	---	---

Reason (if applicable):

☐ Ref ☐ Imp ☐ Lan ☐ Oth

Make sure the same CSI County Client Number
is written on all pages of this survey.



0	0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---

CSI County Client Number
Must be entered on EVERY page

Optional County Questions:

County Question #1 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Reporting Unit:

51468

S	A	0	4	1	2	3	4
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Page 4 of 4

Reasons for Not Completing Survey

1. Refused: Client refused to complete the survey.
2. Impaired: Client is too impaired (mentally or physically) to complete the survey.
3. Language: Client is unable to complete survey as survey is not in a language the client understands.
4. Other: Any other reason not listed above.

Survey Form - Writing Instruments



Use Black or Blue Pen



Pencil is ok - if it is dark

- No Markers
- No Crayons
- No Hi-lighters
- No Wite-Out®

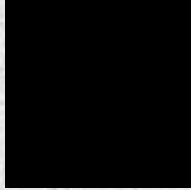
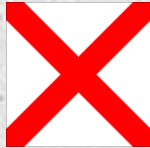


Important Reminders

- Please **print out surveys straight from the PSBQI website**
- Insert **leading zeros when entering CSI County Client Number**
- Use **consistent dates for all** pages of the survey
- If client answers at least the **FIRST TWO questions** in the survey, **do not** check Refused
- **Review surveys** that are dropped off



Important Reminders (Continued)

- Do not use 
- Surveys are **not limited** to randomized sites or age groups
- Do not submit confidentiality certificates
- Do not photocopy survey, please print
- Bubble in responses, do not use 

Making Corrections



**“What if I made
a mistake?”**

Correct mistakes by drawing an
“x” over the incorrect entry

Strongly
Agree





Agree





I am
Neutral



Adding a word to survey type title DOES NOT change the type of survey

 **Child**  **ADULT SURVEY** **ENGLISH Without QOL**

Please help our agency become better by answering some questions. Your responses are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.**

EXAMPLE: Correct ☒ Incorrect ☒  

MHSIP Consumer Survey*:

Please answer the following questions based on the **LAST 6 MONTHS** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Deleting a word to survey type title DOES NOT change the type of survey (Continued)



~~OLDER ADULT SURVEY~~ Fall 2016

ENGLISH
Without QOL

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.**

EXAMPLE: Correct ● Incorrect ✗ ✓

MHSIP Consumer Survey*:

Please answer the following questions based on the **LAST 6 MONTHS** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Printing MHSIP Survey Forms for Outpatient Clinics

- Survey Forms are PDF Documents.
- **28 forms are available** on the PSBQI website:
 - **Four Survey Types:** Adult (MHSIP), Older Adult (MHSIP), Youth (YSS), & Family (YSS-F)
 - In **7 Languages** (Chinese, English, Hmong, Russian, Spanish, Tagalog, Vietnamese)



Printing MHSIP Survey Forms

LACDMH Internet Website

http://psbqi.dmh.lacounty.gov/Survey_Fall_2016.htm



Printing MHSIP Survey Forms



DO NOT DOWNLOAD SURVEY FORMS FROM THE STATE WEBSITE!

- Surveys can be downloaded and printed from the PSBQI website at:

http://psbqi.dmh.lacounty.gov/Survey_Fall_2016.htm

- Only Print Surveys when the existing printed forms are exhausted.

Printing MHSIP Survey Forms



- You may **print as many forms** as you need.
- **Do not photocopy the survey forms.**
 - All copiers resize images slightly and will make the forms unreadable.
- Please use **a digital printer with white paper** for printing the surveys.

Finding the Survey Forms on the LACDMH PSBQI Website

The screenshot displays the LACDMH PSBQI website interface. The browser address bar shows the URL psbqi.dmh.lacounty.gov/Survey_Fall_2016.htm. The website header includes navigation links such as "Apps", "Commercial SexU", "QA", "QI SharePoint", "DMH- Intranet H", and "Policies & Procs". The LACDMH logo is prominently displayed, along with a contact number: 1-800-854-7771, ACCESS Center 24/7 Helpline.

The main content area is titled "MHSIP Survey - Fall 2016". On the left side, there is a vertical menu with buttons for "Reports", "GIS", "Provider Directory", "Rates", "Data", "Maps", and "Training Slides & Forms". The central part of the page features a list of survey forms categorized by population group and language:

- Adults**
 - [English](#)
 - [Spanish](#)
 - [Chinese](#)
 - [Russian](#)
 - [Tagalog](#)
 - [Hmong](#)
 - [Vietnamese](#)
- Older Adults**
 - [English](#)
 - [Spanish](#)
 - [Chinese](#)
 - [Russian](#)
 - [Tagalog](#)
 - [Hmong](#)
 - [Vietnamese](#)
- Family**
 - [English](#)
 - [Spanish](#)
 - [Chinese](#)
 - [Russian](#)
 - [Tagalog](#)
 - [Hmong](#)
 - [Vietnamese](#)
- Youth**
 - [English](#)
 - [Spanish](#)
 - [Chinese](#)
 - [Russian](#)
 - [Tagalog](#)
 - [Hmong](#)
 - [Vietnamese](#)

On the right side, there is a map titled "Los Angeles County Service Areas" with a legend indicating "Select Service Area for more information". The map shows various service areas (SA 1 through SA 8) and a "Countywide" option.

The bottom of the page features a footer with links for "QI Meetings and Announcements" and "Data - GIS Data Reports and Maps". The Windows taskbar at the bottom shows icons for Internet Explorer, Google Chrome, and other applications.

Finding Training Slides, FAQs, Statement of Confidentiality, Strategies to Improve Survey Return Rate, & a link to the Online Survey

The screenshot displays the LAC DMH (Los Angeles County Department of Mental Health) website. The browser address bar shows the URL: psbqi.dmh.lacounty.gov/forms_Spring_2016.html. The website header includes the LAC DMH logo, a navigation menu with links like 'Home', 'About DMH', 'Our Services', 'For Providers', 'Contact Opportunities', 'Press Center', and 'Employment Opportunities'. A prominent orange banner offers assistance: 'Do you need help or support? 1-800-854-7771 ACCESS Center 24/7 Helpline'. Below the header, a sidebar on the left contains a 'Training Slides, Forms & Handouts' section with links to 'Confidentiality Statement (English & Spanish)', 'Completed MHSP Tally Sheet for Providers (English)', 'Completed MHSP Tally Sheet for SA Liaisons (English)', 'Refused Survey Tally Sheet for Providers (English)', and 'Refused Survey Tally Sheet for SA Liaisons (English)'. Another section titled 'Spring 2016 Survey Training Slides' includes links to 'Presentation Strategies to Improve Survey Return Rate' and 'Survey FAQ'. The main content area features a map of Los Angeles County divided into service areas (SA 1 through SA 8) and a 'Countrywide' option. The Windows taskbar at the bottom shows the system time as 7:50 AM on 5/2/2016.

REMINDER: MHSIP Tally Sheets

Module	Defect count	(× five)	Total
1			20
2			20
3			25
4		Plus 4	54
5		Plus 2	27
6			40
7		Plus 2	52
8			90
9			35
10		Plus 3	43
11		Plus 2	12
12		Plus 1	31
		Plus 3	53

- LACDMH **will not be scanning the surveys** prior to sending them to Hershey Technologies.
 - Hershey Technologies have been contracted to scan the surveys this year.
- Providers **must complete a Tally sheet** indicating the number of survey forms completed and returned to the SA Liaison.
- Separate Tally Sheets are required to indicate the **number returned with the refusal code**.
- SA Liaisons shall prepare **SA wide Tally Sheets indicating total surveys returned** from each Service Area.

Retrieving Your Survey Data

- ▶ Survey results will be **made available as soon as possible** through the LACDMH PSB-QI Website.



QUESTIONS?

Contact your SA QIC Chair or QID Liaison:

Tonia Jones, RN, PhD

tamosjones@dmh.lacounty.gov

(213) 251 - 6736

LyNetta Shonibare, PsyD

lgore@dmh.lacounty.gov

(213) 251 - 6737



County of Los Angeles Department of Mental Health (LACDMH)

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Fall 2016

MHSIP Survey Training

Thank you for your attention!

